


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90012 021 \*\*\*150.00

<b>DOCUMENT # 431158</b>	
1. Entity Name <b>LARRY ROWE, INC.</b>	

Principal Place of Business <b>1975 E. SUNRISE BLVD. #763 FORT LAUDERDALE FL 33304 US</b>	Mailing Address <b>1975 E. SUNRISE BLVD. #763 FORT LAUDERDALE FL 33304 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>4412 E. TRADEWINDS AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>LAUDERDALE BEACH, FLORIDA</b>	City & State <b>LAUDERDALE BEACH, FLORIDA</b>	4. FEI Number <b>59-1495700</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33308</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ROWE, LARRY R 1975 E SUNRISE BLVD #763 FT LAUDERDALE FL 33304</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWE, LARRY R 1975 E SUNRISE BLVD #763 FT. LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Larry R. Rowe **LARRY R. Rowe** 4/22/08 954-763-6764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #